



Regional Partnership Grants
and Cross-Site Evaluation

REGIONAL PARTNERSHIP GRANTS ROUND II STATE OF NEVADA DIVISION OF CHILD AND FAMILY SERVICES

LEAD AGENCY: State of Nevada Division of Child and Family Services

LOCATION: Agency – Carson City, NV; Grant Site – Clark County, NV

PROGRAM FUNDING: \$697,776/Year; \$593,110 Federal; \$104,666 Match

GEOGRAPHIC AREA AND CONGRESSIONAL DISTRICT SERVED: District 1, Clark County and District 2, Washoe County

NUMBER SERVED: 24 families per year.

PROJECT ABSTRACT

The Dependency Mothers Drug Court (DMDC) Program consists of four primary partners who work collaboratively to: 1) coordinate resources to expand human service capacity in Clark County; 2) increase timely access to appropriate substance abuse treatment for mothers, children, and families with an open CPS case; and 3) integrate child welfare and substance abuse services to improve the safety, permanency, and well-being of children and families affected by substance abuse and child maltreatment. In early 2016, the project expanded its goals to include serving the needs of fathers as part of a pilot effort. Needs addressed: Clark County presents a variety of poor health and well-being indicators and significant needs for human services. More than 60% of statewide child maltreatment reports come from this area, with a 27% substantiation rate for abuse and neglect. There is an average of 3,700 children in out-of-home placements each month. Between one-third and two-thirds of children involved with the child welfare system, have parents whose substance abuse is a contributing factor. Nevada is ranked among the top 10 states for illicit drug dependence or abuse for residents ages 12 and older, and for residents needing but not receiving treatment for substance use disorders. Clients in the program participate in court-ordered treatment through the DMDC. An integrated array of services are provided for parents, children and their families through the project partners and a variety of community agencies. Three evidence-based practices are part of the service array within residential treatment, with trauma-informed care as a principle of service provision.

TARGET POPULATION

General: DMDC Program participants are referred by the Clark County child welfare and family court systems and must meet the following criteria:

- Adult women, ages 18 and over, who are low-income according to Federal poverty guidelines
- The adult women are pregnant and/or have minor children, ages 17 and under, who are at risk of or currently in an out-of-home placement
- The adult women have identified substance use disorders
- The adult women and minor children are part of an open CPS case
- As of February 2016, a pilot project is in place to serve adult males who meet similar criteria as females in the program, including identified substance use disorders and minor children that are part of a CPS case

In-home/Out-of-home Focus: Children who are at risk of or currently in out-of-home placement.

MAJOR PROGRAM SERVICES

- **Substance Abuse and Co-Occurring Mental Health Treatment Services**
 - Residential Parent/Child Services
 - Outpatient Services
 - Aftercare
 - Peer Mentor
 - Mental Health & Trauma Screening, Assessment & Treatment
 - Vocational Counseling
 - Step Down Transitional Living
- **Dependency Drug Court**
 - Dependency Mothers Drug Court Special Docket
- **Parenting/Family Services**
 - Nurturing Parenting Program
 - Seeking Safety
 - Model Approach to Partnerships in Parenting (MAPP)
- **Intensive Coordinated Case Management**
 - Child and Family Team
 - Co-Location of Drug Court Coordinator
- **Services to Children**
 - Early Intervention Services
 - Mental Health & Trauma Screening, Assessment & Treatment
- **Evidence-Based Practices**
 - Child and Family Team
 - Nurturing Parenting Program
 - Seeking Safety

- Modified Therapeutic Community- Holistic Health Model of Addiction

MAJOR PROGRAM GOALS

- Goal 1:** Decrease the use and/or abuse of prescription drugs, alcohol, tobacco, illicit and other harmful drugs among adult women who are pregnant and/or have minor children and adult men who have minor children involved in a CPS case.
- Goal 2:** Improve the mental and physical health of the women, men and children; prevents mental, emotional, and behavioral disorders among children.
- Goal 3:** Increase safety, permanency, and well-being for children who are at risk of being placed in an out-of-home placement or are currently in an out-of-home placement.
- Goal 4:** Promote economic stability, improves quality of life, and long-term recovery.
- Goal 5:** Increase collaboration and systemic efficiency, and promotes DMDC program sustainability.

KEY PARTNER AGENCIES AND ORGANIZATIONS

The Regional Partnership Grants encourage service providers to develop and/or strengthen cross-system linkages between substance abuse treatment, child welfare, dependency court and other service systems. The following partners are included:

- **Child Welfare**
 - Nevada Division of Child and Family Services (DCFS) – State
 - Clark County Department of Family Services (CCDFS) – Regional
- **Dependency Court**
 - Clark County Dependency Mothers Drug Court (DMDC)
 - Office of State Courts Administration/Court Improvement Project
- **Treatment for Substance Use and Mental Health**
 - Substance Abuse, Prevention and Treatment Agency (SAPTA) – State Agency
 - Westcare, Nevada
 - Southern Nevada Adult Mental Health Services (SNAMHS)
- **Early Childhood Services**
 - Nevada Early Intervention Services (NEIS)
 - DCFS Early Childhood Services
 - Clark County Parenting Project – Family-to-Family Connections
- **Evaluation Services**
 - ODES Inc.

DISSEMINATION ACTIVITIES

New CCDFS caseworkers are educated about the DMDC Program through the Nevada Child Welfare Academy, which provides required initial training for all CPS caseworkers. Presentations are made by staff from WestCare and the Eighth Judicial District Court. Additionally, targeted presentations are made to staff and supervisors at CPS unit-level meetings held at regional child welfare offices within Clark County.

SUSTAINABILITY STRATEGIES AND ACTIVITIES

Involvement of Partners: All RPG partners are invested in continuing the project. The RPG partners developed two sustainability documents that will continue to be refined throughout the grant period.

Sustainability Approach: Refine the sustainability analysis that outlines the improved outcomes for mothers and children and demonstrates the cost savings to treatment alternatives such as parental incarceration and repeat out-of-home placements for children.

Additional Funding: Refine and update the foundation appeal with the goal of obtaining private foundation donations and grants.

EVALUATION

Nevada has adopted the Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM) framework in order to evaluate the effectiveness of the DMDC Program. Each component of the RE-AIM framework provides information on the overall implementation of the evidence-based practices associated with the program, and the fidelity of the program to the intent of those practices. Nevada's program evaluation strategy focuses on assessing implementation at three levels: 1) at the level of the partnership agencies, 2) at the treatment provider and 3) at the client-level. At each level, the program evaluation team engages in semi-structured interviews informed by implementation science literature. Through the RE-AIM framework, the following key stages of program implementation evaluates:

Reach: The program evaluation team makes a determination of the extent to which the DMDC program is impacting its intended population. This will be a qualitative statistic derived from numbers reported by WestCare intake staff. The team will supplement this statistic within our interviews.

Effectiveness: The program evaluation team assesses the effectiveness of the program by interviewing WestCare staff and recent graduates. The team supplements these qualitative interviews with post-treatment data on each client.

Adoption: The program evaluation team explores the robustness and adjustments made to each of the constituent EBPs during the process of adoption and the barriers the program encounters. Data will come from interviews and group meetings.

Implementation: To measure implementation progress, the program evaluation team adapts the implementation model into a specific implementation plan. The team will employ the Stages of Implementation Completion model (Chamberlain, Brown and Saldana, 2011) as a guide to assess the degree of implementation. Each phase of the implementation completion model is broken

down into discrete tasks and events and presented as a checklist. The team will assess whether each task/event was implemented, and the length of time each one took to implement. The checklist is reviewed and updated every six months by the evaluation team. Adaptations to the protocol are noted. Qualitative assessment of the consistency of the intervention occurs through interviews.

Maintenance: To assess maintenance, the program evaluation team evaluates sustainability of the program with cost analyses and with partnership interviews.

RPG National Cross-Site Evaluation Participation: In addition to its local evaluation, the grantee contributes data to the national cross-site evaluation of family outcomes, program implementation and RPG collaboration. The grantee is also participating in an impact substudy, which examines the effects of the RPG program across a subset of grantees.

ADMINISTRATIVE STRUCTURE

The Project Director for the Dependency Mothers Drug Court (DMDC) has been the Clinical Program Planner II for the State of Nevada Division of Child and Family services and has recently become vacant. The Project Director is responsible for overseeing all aspects of the project and is supported by the Program Manager. The Program Manager is responsible for project coordination and serves as the liaison between program operations and evaluation. ODES Inc. is responsible for data management and program evaluation. The DMDC Coordinator serves as the liaison between the Clark County Dependency Court and the treatment provider, Westcare, Nevada. He is employed by the Clark County Dependency Court but is often co-located at DCFS and Westcare.

The four primary partners meet quarterly as part of the established RPG Partnership. These meetings accomplish a variety of goals including:

- Regular communication between key staff from the four partner agencies
- Strategic planning for program design, implementation and evaluation
- Revise program and clinical protocols as needed
- Disseminate annual program data and outcome measures for evaluation and quality improvement
- Case-level program evaluation and quality improvement
- Sustainability planning

Cross-system challenges and barriers are addressed by the participating partners at regular RPG Partnership meetings and through regular staff communication undertaken as part of project implementation.

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